

## **Form 2 - Parental Consent for Schools/Setting to Administer Medicine**

The school/Setting will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

**Note: Medicines must be in the original container as dispensed by the pharmacy**

Name of School/Setting

Date

Childs name

Date of birth

Group/Class/Form

Medical condition or illness

### **Medicine**

Name/type of medicine/strength  
*(as described on the container)*

Date dispensed

Expiry date

Agreed review date to be initiated by  
(name of member of staff)

Dosage and method

Timing – when to be given

Special precautions

Any other instructions

Number of tablets/quantity to be given to  
School/Setting

Are there any side effects that the  
School/Setting needs to know about?

Self-administration

Procedures to take in an emergency

### **Contact Details – First Contact**

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

**Contact Details – Second Contact**

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Name and phone number of G.P.

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to School/Setting staff administering medicine in accordance with the School/Setting policy. I will inform the School/Setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that the School/Setting is not obliged to undertake.  
I understand that I must notify the School/Setting of any changes in writing

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Parent's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

In order to communicate the need for your child to have medicine to other members of staff we will write your child's first name on a board in the office along with the time it is to be administered.

Please tick to give consent for this.

If more than one medicine is to be given a separate form should be completed for each one.

For School/Setting Use

Reviewed by	Date	Signature	Print Name

**To be reviewed annually or if dose changes**

## Form 4 - Record of medicine administered to an individual child

Name of School/Setting	<input type="text"/>
Childs name	<input type="text"/>
Date of birth	<input type="text" value="Day / Month / Year"/>
Group/Class/Form	<input type="text"/>
Date medicine provided by parent	<input type="text"/>
Quantity received	<input type="text"/>
Name and strength of medicine	<input type="text"/>
Expiry date	<input type="text" value="Day / Month / Year"/>
Quantity returned	<input type="text"/>
Dose and frequency of medicine	<input type="text"/>
Staff signature	<hr/>
Signature of parent	<hr/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>